

July 22, 2022

VIA EMAIL: DPH.DON@massmail.state.ma.us

VIA USPS: Certified Mail, Return Receipt Requested

Determination of Need Program
Massachusetts Department of Public Health
250 Washington Street
Boston, MA 02108
Att: Elizabeth D. Kelley, MBA, MPH, Director, Bureau of Health Care Safety and Quality

RE: Determination of Need ("DoN") Application #UMMHC-22042514-HE
Substantial Capital Expenditure
Substantial Change in Service
UMass Memorial Medical Center ("UMMMC") by UMass Memorial Health Care, Inc.
("Applicant")
(the "Application")

Dear Ms. Kelley,

Pursuant to 105 CMR §100.100, please accept this request to formally register with the Massachusetts Department of Public Health ("Department") as a Ten Taxpayer Group ("TTG") and a Party of Record to the Application. Please note the following:

1. The name, residential address and signature of each TTG member is attached as Exhibit A hereto.
2. Each TTG member is a resident of the Commonwealth of Massachusetts and is subject to Massachusetts state income, excise and/or property tax during 2022, the year in which the Application was filed.
3. Each TTG member is acting as an agent for St. Vincent Hospital, 123 Summer Street, Worcester, MA 01608
4. The representative of the St. Vincent Hospital TTG designated to be the recipient of all written communications concerning the Application relative to this request is Carolyn Jackson, Chief Executive Officer of St. Vincent Hospital:
Email: Carolyn.Jackson@stvincenthospital.com
Phone: 866-494-3627
Mailing address: 123 Summer Street, Worcester, MA 01608

The Application includes: (1) the renovation of a 6-story building adjacent to UMMC's University Campus, located at 378 Plantation St, Worcester, MA 01605, that will contain 72 additional medical/surgical beds, one additional computed tomography unit, and shell space for future build out to accommodate clinical services; (2) 19 additional medical/surgical beds on UMMC's Memorial Campus; and (3) other renovation projects to improve the existing services and facilities at UMMC's Memorial Campus (the "Proposed Project").

In light of existing capacity by other providers in UMMMC's primary service area, certain aspects of the Proposed Project are unnecessary. In addition, such other providers are able to provide services and facilities in a manner that would result in greater cost containment than if provided by UMMMC in connection with the Proposed Project.

Accordingly, pursuant to 105 CMR 100.445, the TTG hereby requests that the Department schedule one or more public hearings in connection with the Application.

In addition, the TTG hereby requests that the Department require the Applicant to undergo an Independent Cost-Analysis (ICA) in accordance with M.G.L. c. 111, §25C(h) and 105 CMR 100.405(D) to demonstrate that the Proposed Project is consistent with the health care cost-containment goals of the Commonwealth of Massachusetts. In order for the ICA to be truly independent and unbiased, we recommend that the Health Policy Commission (HPC) should conduct the analysis at the Applicant's expense, or at a minimum, the Department should work closely with HPC staff to select an independent third party, establish the scope of the ICA, and review the ICA prior to the Department's acceptance thereof.

The St. Vincent Hospital TTG anticipates separately submitting written comments to the Department regarding the Proposed Project.

Thank you in advance for your attention to this matter.

Sincerely,



Carolyn Jackson
Chief Executive Officer of Saint Vincent Hospital



SAINT VINCENT
HOSPITAL

A COMMUNITY BUILT ON CARE

EXHIBIT A

Members of Saint Vincent Hospital Ten Taxpayer Group

Printed Name: Carolyn Jackson Signature: Residential Address:	Printed Name: Cynthia Clark Signature: Residential Address:
Printed Name: Paul Smith Signature: Residential Address:	Printed Name: Anita Holbrook Signature: Residential Address:
Printed Name: Jay Prosser Signature: Residential Address:	Printed Name: Stephanie Jackman-Havey Signature: Residential Address:
Printed Name: Andrew McDonald Signature: Residential Address:	Printed Name: Daniel Wright Signature: Residential Address:
Printed Name: Melinda Darrigo Signature: Residential Address:	Printed Name: John Goulart Signature: Residential Address: